

## C. Maternal and Child Health

The health of mothers and young children reflects how society values its present and its future. The health of today's mother affects not only the immediate health of her children, but the health of future generations as well.

Poverty is a major risk factor for death and disability during the first year of life. Women of all races who live in poverty have higher rates of delayed entry into prenatal care and have higher rates of low birthweight babies. Factors related to poverty include lack of education, psychological and physical stress, lack of insurance, and exposure to high-risk environments.

The majority of the health priorities in Wisconsin's state health plan, *Healthiest Wisconsin 2010*, address the well-being of mothers and children. For example, seven priorities (access to primary and preventive health services, adequate and appropriate nutrition, substance use, high-risk sexual behavior, overweight and obesity, social and economic factors, and tobacco use and exposure) affect birth outcomes. Women who do not receive timely prenatal care, use tobacco and alcohol, and do not eat properly are more likely to have babies who are preterm, low birthweight, or die before their first birthday.

Racial and ethnic disparities in maternal and child health are public health priorities. The gap between African American and white infant mortality rates constitutes a major health disparity. Infants born to African American women in Wisconsin are three times more likely to die during the first year of life than infants born to white women. Further, during the last 20 years virtually no decline has occurred in Wisconsin's African American infant mortality rate. Disparities in infant mortality also exist among American Indians and Hispanics compared to whites, although the differences are less than among African Americans.

Racial and ethnic categories used in this section of the report differ somewhat from those used in other sections of the report. Selected tables in this section provide more detailed categories of the Asian population than is possible for other sections of the report as a result of information available from Wisconsin birth certificates. This section also provides more detail than other sections of the report about Hispanic national origin groups. (See Appendix II, Technical Notes and Definitions for a discussion of the methods used to classify race and ethnicity in Wisconsin birth certificates.)

In most other sections of this report, data are based on the combined years 1996–2000 (divided by 5 to reflect an annual average for the five years). Years are combined in other sections to increase the stability of numbers that are quite small for some of the racial/ethnic groups. In contrast to health events that are the focus of other sections, the number of births in each of the racial/ethnic groups addressed is sufficiently large that a single year of data generally results in stable numbers. Thus, where possible, tables in this section are based on the single year 2000. (See Appendix II, Technical Notes and Definitions.)

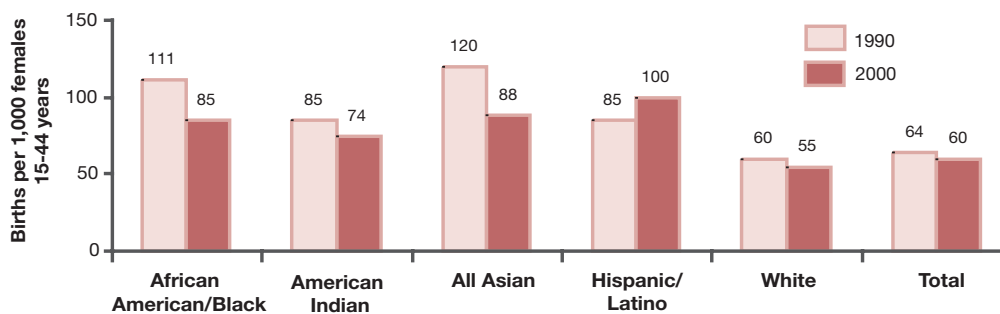
## *Births and Fertility*

Although most racial minority groups experienced declines in birth rates during the 1990s, several groups also had increases in the number of women in their childbearing years and in the absolute number of births. Hispanics were the only group with an increase in birth rates between 1990 and 2000.

## IV. Health Status

- In 2000, 6,437 Wisconsin births were to African American women. Although the number of African American women aged 15 to 44 years was larger in 2000 than ten years before, a notable decline in the fertility rate (births per 1,000 women aged 15 to 44 years) from 111 in 1990 to 85 in 2000 resulted in fewer births in 2000 compared to 1990.
- American Indian women in Wisconsin gave birth to 870 infants in 2000. This resulted in a fertility rate of 74 births per 1,000 women in the childbearing years, and the lowest rate among racial and ethnic minority groups in the state. While the fertility rate in 2000 was less than in 1990, the number of births to American Indian women was greater in 2000 than in 1990.
- A total of 2,090 births to all Asian women occurred in 2000 and reflected a fertility rate of 88 births per 1,000 women aged 15 to 44. Significant differences in fertility exist within the state's Asian population. In 2000, about half (1,062) of the total Asian births were to women who identified their race or national origin group as Hmong or Laotian. These births to Hmong and Laotian women resulted in a fertility rate of 129 (not shown), which was the highest rate among all racial/ethnic groups.<sup>1</sup> The relatively high fertility among Hmong and Laotian women drives the fertility rate observed for the total Asian population.
- In 2000, there were 4,484 births to Hispanic women in Wisconsin. This number represents a fertility rate of 100 births per 1,000 women in the childbearing years. Hispanics were the only group to experience an increase in the fertility rate between 1990 and 2000 (from 85 births per 1,000 women aged 15 to 44 in 1990 to 100 births per 1,000 in 2000).
- Among the Hispanic women in Wisconsin who give birth between 1996 and 1999, about three-fourths were to women who identified their Hispanic origin as Mexican, and about 15% were to women who identified their Hispanic origin as Puerto Rican. In comparison to the period 1990–1994, about two-thirds (66%) of Hispanic births were to women of Mexican origin and 22% to those of Puerto Rican origin.<sup>2</sup>

**Figure 18: Fertility rates by race/ethnicity, Wisconsin, 1990 and 2000**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.

1990 population data are from the 1990 Census, Summary Tape File 1.

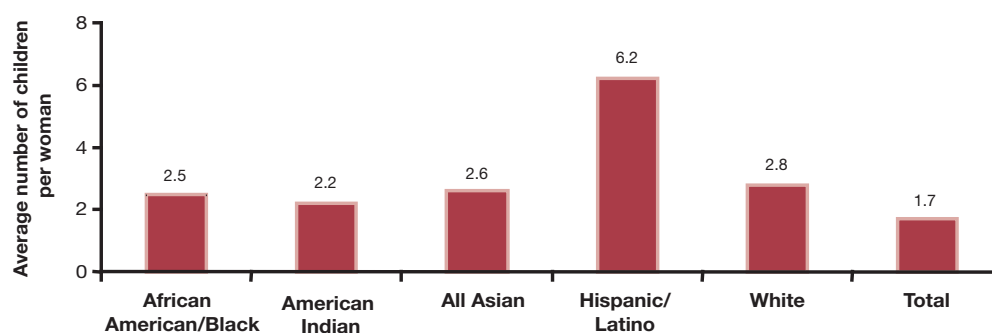
2000 population data are from the 2000 Bridged Population Estimates, National Center for Health Statistics.

Note: Fertility rates are the number of births per 1,000 women aged 15 to 44 in the respective group.

## Completed Fertility

- Average completed fertility, measured by the total fertility rate, indicates the potential impact of current fertility levels on completed family size. The numbers in Figure 19 below reflect the average number of births per Wisconsin woman that would occur if women experienced throughout the childbearing years the age-specific birth rates observed in 2000.
- Average completed fertility was lowest for white women, with an average of 1.7 children per woman, and highest among Laotian/Hmong, who had an average of 6.2 children per woman. For American Indians, African Americans, and Hispanics in Wisconsin, completed fertility ranged between 2.2 and 2.8.

**Figure 19: Average completed fertility per woman by race/ethnicity, based on Wisconsin 2000 age-specific birth rates**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. 1990 population data are from the 1990 Census, Summary Tape File 1. 2000 population data are from the 2000 Bridged Population Estimates, National Center for Health Statistics.

Note: Average completed fertility is measured by the total fertility rate calculated as the sum of age-specific birth rates divided by 1,000. It represents the average number of children per woman by the end of the childbearing period, based on 2000 age-specific birth rates.

## Age-Specific Birth Rates

Women are more likely to give birth during their twenties than at younger or older ages. On average, women in racial and ethnic minority groups are more likely to give birth during their early twenties while white women are more likely to give birth during the later twenties.

- In every racial/ethnic minority population, teen birth rates exceeded those for whites.
- The highest age-specific birth rates among African American women in 2000 occurred in the age group 20 to 24, with 183 births per 1,000 women in this age group. The teen (ages 15 to 19) birth rate for the African American population was 113 births per 1,000. At ages 25 and over, African American age-specific birth rates were lower than those for whites and most other racial/ethnic groups.
- Birth rates were highest for American Indians aged 20 to 24 with 173 births per 1,000 women. At ages 24 and younger, American Indian birth rates exceeded comparable age-specific birth rates for whites; after age 24, American Indian rates were lower.

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- Birth rates of all Asian women are influenced by relatively high fertility at every age in the Laotian/Hmong population. The highest age-specific birth rate was 690 per 1,000 Laotian/Hmong women in the age group 20 to 24. Although Laotian/Hmong birth rates declined at older ages, they remained higher than those in other groups.
- Birth rates were highest for Hispanics aged 20 to 24 with 161 births per 1,000 women. At both younger and older ages, Hispanic birth rates exceeded the comparable white age-specific birth rates.

**Table 31: Age-specific birth rates by race/ethnicity, Wisconsin, 2000**

	African American/Black	American Indian	All Asian	Laotian/ Hmong	Hispanic/ Latino	White
Age Group						
10–15 years	3.1	0.4	0.9	12.0	1.7	0.2
15–19 years	113.0	83.0	61.0	111.0	98.0	24.0
20–24 years	183.0	173.0	102.0	690.0	161.0	75.0
25–29 years	103.0	111.0	126.0	182.0	132.0	120.0
30–34 years	56.0	51.0	149.0	137.0	109.0	81.0
35–39 years	29.0	25.0	66.0	82.0	47.0	35.0
40+ years	6.0	4.0	20.0	34.0	11.0	6.8

Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.

1990 population data are from the 1990 Census, Summary Tape File 1.

2000 population data are from the 2000 Bridged Population Estimates, National Center for Health Statistics.

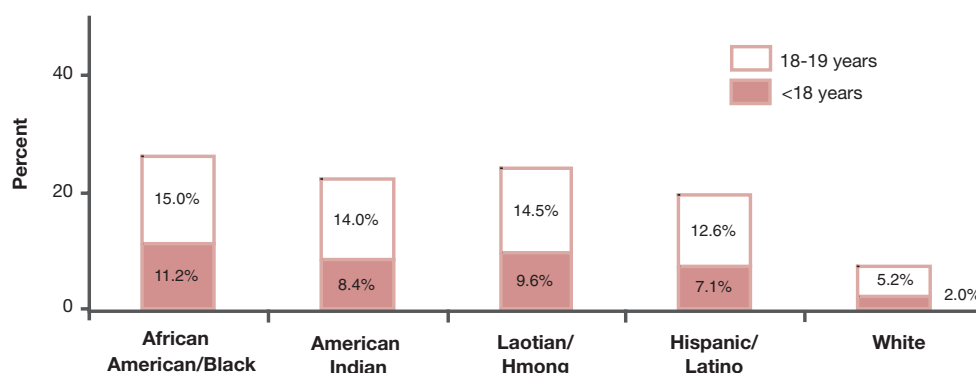
Note: Birth rates are the number of births per 1,000 women in the population aged 15 to 44 in the respective group.

## Teen Births

Teenage mothers are disproportionately represented in socially and economically disadvantaged communities. Having a baby while still a teenager presents an additional barrier to completing school and attaining economic self-sufficiency.<sup>3</sup> Infants of teenage mothers are more likely to experience adverse health consequences of low birthweight, preterm birth, and death during the first year of life. The elevated health risks of these infants come about in part because teenage mothers are less likely than older women to receive timely prenatal care and more likely to smoke during pregnancy.<sup>4</sup>

- In 2000, there were 7,077 births to teenage girls in Wisconsin; 3,090 of the teens who gave birth were members of racial/ethnic minority groups (Table 35).
- Births to teens comprised more than one-fourth of all Wisconsin births to African American women in 2000. This was the highest proportion of teen births among racial/ethnic populations in the state. Teens under age 18 accounted for 15% of all African American births.
- Differences by racial/ethnic groups in the proportions of births to teens partly reflect the fertility patterns of older women in the respective groups. For example, due to high fertility at older ages among Laotian/Hmong women, only 10% of Laotian/Hmong births were to teens in 2000; however, birth rates for Laotian/Hmong were higher than for all racial/ethnic groups except African Americans.
- American Indians had the second highest proportion of births to teens (22%), although their teen birth rate was less than that of Laotian/Hmong or Hispanic/Latino women. Among Hispanics, 20% of births were to teens.

**Figure 20: Births to teens as a percent of all births by race/ethnicity and age group, Wisconsin, 2000**



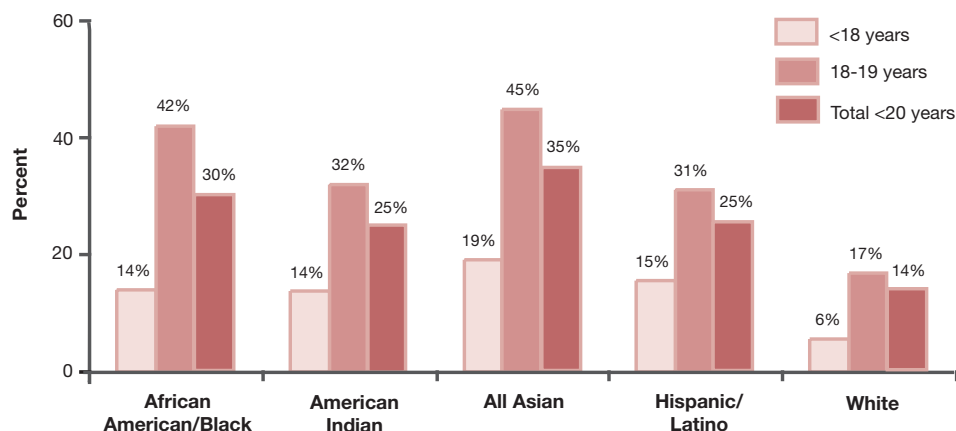
Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. Graph prepared by the Division of Public Health.

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### Teens with Subsequent Teen Births

- In all racial/ethnic minority populations, teenage girls who give birth have a higher risk than white teens of experiencing a subsequent teen birth. In Wisconsin, this risk is greatest for Asian teens, followed by African American teens.
- Older teens, aged 18 to 19, are more likely than younger teen mothers to have had previous births. In 2000, 45% of Asian girls aged 18 to 19 who gave birth were having a second or higher order birth. Among African American teen mothers aged 18 to 19, 42% with births in 2000 had previous births. For about 30% of American Indian and Hispanic teens aged 18 to 19 with a birth in 2000, this was not a first birth.
- Among teenagers aged 17 and younger who gave birth in 2000, Asian girls were more likely than those in other groups to have a previous live birth (19%). For African American, American Indian, and Hispanic teens aged 17 and younger, between 14% and 15% had one or more previous births.

**Figure 21: Percent of births to teens with a previous live birth by race/ethnicity and by age group, Wisconsin, 2000**

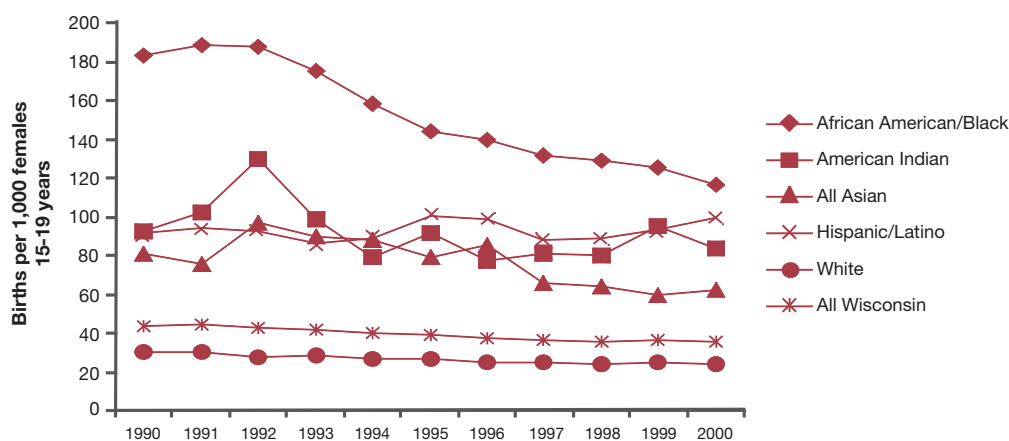


Source: Wisconsin birth certificate files, Wisconsin Department of Health and Family Services, Bureau of Health Information. Graph prepared by the Division of Public Health.

## Trends in Teen Births

- While all Wisconsin racial/ethnic minority groups have teen birth rates higher than the rate for whites, most groups experienced general declines in teen birth rates during the decade of the 1990s, as illustrated in Figure 22.
- The gap between African American teen birth rates and those of other groups narrowed primarily as a result of significant declines in births among African American teenagers. Nevertheless, the 2000 African American teen birth rate was nearly 5 times higher than the white rate.
- American Indians in Wisconsin had a teen birth rate in 2000 that was approximately 3.5 times higher than the rate for whites. Annual rates show some fluctuations, but in most years since 1994 American Indian teen birth rates were lower than in the early 1990s.
- During the late 1990s, birth rates among Asian teenagers were lower than at the beginning of the decade. While the teen birth rate for Asians in Wisconsin has consistently been higher than for whites, since the mid-1990s, it has also been lower than for other racial/ethnic minority groups. Teen birth rates for all Asians combined mask the comparatively high teen birth rates among the Laotian/Hmong.
- In contrast to other racial/ethnic groups, Wisconsin Hispanic teen birth rates were not lower in the late 1990s than at the beginning of the decade. The 2000 rate represented the highest annual teen birth rate among Hispanics for the period 1990 through 2000.

**Figure 22: Teen birth rates by race/ethnicity, Wisconsin, 1990–2000**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. Graph prepared by the Division of Public Health.

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### Wisconsin and United States Comparisons

- In 2000, Wisconsin's African American teen birth rate was the highest in the U.S. compared to all other states.<sup>5</sup> Wisconsin's ranking as a state with one of the highest African American teen birth rates existed at the beginning of the 1990s and has persisted.<sup>4</sup>
- The teen birth rate for American Indians in Wisconsin has been lower than the U.S. rate.
- In the early 1990s, Hispanic teen birth rates were lower in Wisconsin than nationally. However, national declines in Hispanic teen birth rates occurred, and by 1999 Wisconsin birth rates among Hispanic teens were higher than the national average.

**Table 32: Teen birth rates by race/ethnicity, Wisconsin and United States, 1990–2000**

		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
<b>African American/ Black</b>	Wisconsin	175.8	180.7	178.7	166.2	151.2	136.4	132.3	125.2	124.7	120.7	113.1
	US	116.2	118.2	114.7	110.5	105.7	97.2	91.9	88.3	85.7	81.0	79.2
<b>American Indian</b>	Wisconsin	91.6	99.2	128.8	96.6	77.8	87.8	74.9	78.7	79.3	91.8	83.1
	US	81.0	84.1	82.4	79.8	76.4	72.9	68.2	65.2	64.7	59.9	58.3
<b>Asian/Pacific Islanders</b>	Wisconsin	75.6	71.7	90.6	83.2	85.7	75.5	81.2	63.4	62.5	59.0	61.0
	US	26.0	27.3	26.5	26.5	26.6	25.5	23.5	22.3	22.2	21.4	20.5
<b>Hispanic/Latino</b>	Wisconsin	90.1	91.7	90.7	84.3	85.8	97.0	97.2	85.1	87.1	90.3	98.2
	US	100.3	104.6	103.3	101.8	101.3	99.3	94.6	89.6	87.9	86.8	87.3
<b>White</b>	Wisconsin	29.5	30.0	27.6	28.1	26.5	26.0	24.9	24.8	23.8	25.0	23.6
	US	42.5	43.4	41.7	40.7	40.4	39.3	37.6	36.0	35.3	34.1	32.6
<b>Total</b>	Wisconsin	42.6	43.7	42.0	41.0	38.8	37.9	36.9	35.8	35.2	36.3	35.2
	US	59.9	61.8	60.3	59.0	58.2	56.0	53.5	51.3	50.3	48.8	47.7

Source: Wisconsin birth data are from resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. U.S. rates are from Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. *National Vital Statistics Reports*. 2003;51.

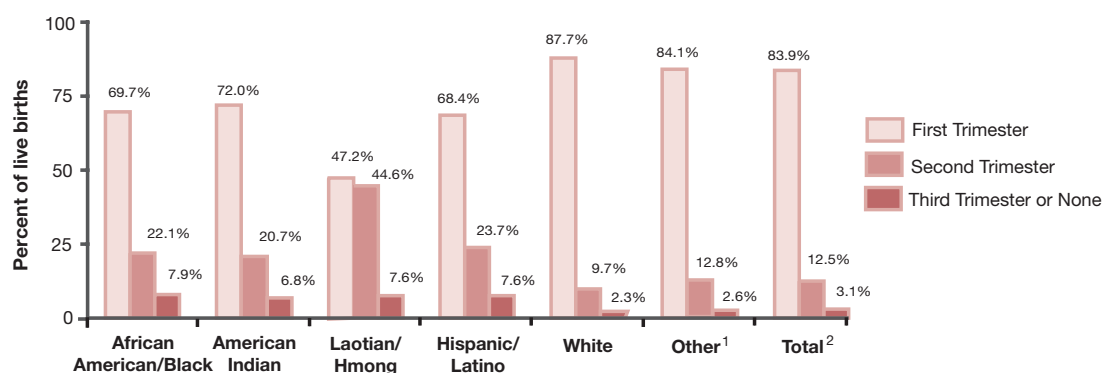
Note: Rates are the number of births per 1,000 females aged 15 to 19. Wisconsin rates for this table exclude births to mothers below age 15 in order to be comparable with the U.S. data. Both Wisconsin and U.S. rates are based on bridged population estimates, National Center for Health Statistics.



## Prenatal Care

- Pregnant women in Wisconsin's racial/ethnic minority populations are less likely to obtain prenatal care during the first trimester than white women. Compared to most other racial/ethnic minority groups, American Indian women are more likely to obtain prenatal care during the first trimester; 72% of American Indians who gave birth in 2000 reported receiving first trimester prenatal care.
- In 2000, Laotian/Hmong women were least likely to obtain first trimester prenatal care (47%).
- The proportion of women who did not receive prenatal care until the third trimester or who reported no prenatal care was 3 or more times greater among African American, American Indians, Laotian/Hmong, and Hispanics compared to whites.

**Figure 23: Trimester of first prenatal visit by race/ethnicity, Wisconsin, 2000**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. Graph prepared by the Division of Public Health.

Notes: <sup>1</sup>Other includes Vietnamese, Cambodian, Thai, Chinese, Japanese, East Indian, and Other Race.

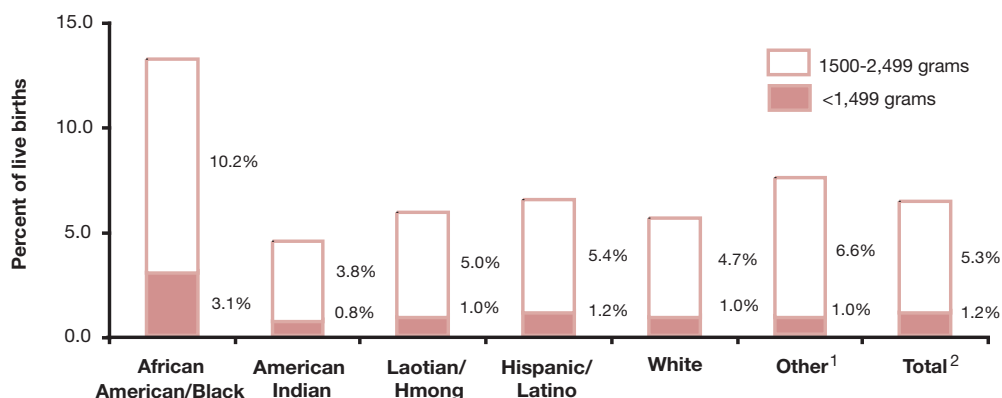
<sup>2</sup>Total includes 27 births for which race/ethnicity of mother was not reported.

## IV. Health Status

### Low Birthweight

- In 2000, the proportion of low birthweight (less than 2,500 grams or 5.5 lbs.) births was 2.3 times greater for infants born to African American women than for infants born to white women—13.3% compared to 5.7 %. A significantly higher proportion of infants born to African American women were also very low birthweight (less than 1,500 grams or 3.3 lbs.).
- In comparison to whites, African American infants are more likely to be born prematurely, which contributes to, but does not fully account for, the disparity in low birthweight. In 2000, 17% of African American infants were premature, compared to 10% of white infants.
- In comparison to other groups, proportionately fewer American Indian infants were low birthweight. In 2000, 4.6% of infants born to American Indian women were low birthweight, and less than 1% were very low birthweight.
- The proportion of low birthweight infants to Laotian/Hmong and Hispanic women was somewhat higher than for whites, but notably less than for African Americans. The respective percents were 6.0% for Laotian/Hmong and 6.6% for Hispanics in 2000. The proportion of Laotian/Hmong and Hispanic/Latino very low birthweight infants was similar to the white percent.
- Infants with birthweights of 4,000 grams and above (macrosomic births) have an increased risk for labor complications, birth injuries, and infant morbidity; risks increase with higher gradations of birthweight.<sup>6</sup> In 2000, 16% of Wisconsin births to American Indian women were 4,000 grams and above. A relatively high percent of infants born to white women (14%) were also high birthweight followed by births to Hispanic women (10%). Less than 5% of infants born to African American or Laotian/Hmong women weighed 4,000 grams or more in 2000 (Table 35).

**Figure 24: Percent of infant births with low birthweight\* by race/ethnicity, Wisconsin, 2000**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.  
Graph prepared by the Division of Public Health.

Notes: <sup>1</sup>Other includes Vietnamese, Cambodian, Thai, Chinese, Japanese, East Indian, and Other Race.

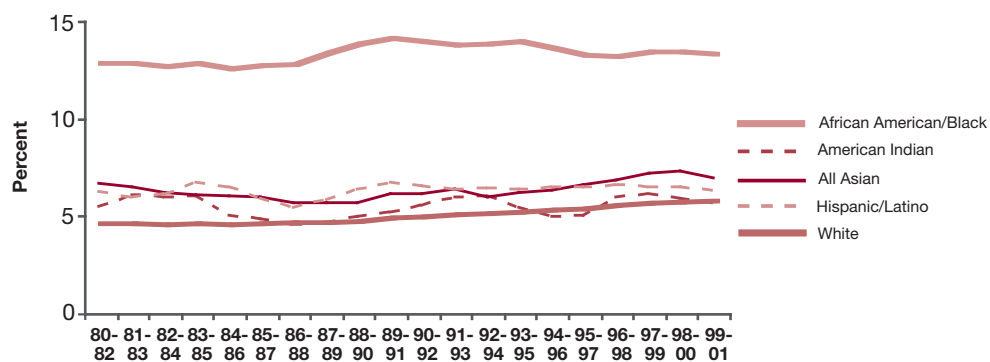
<sup>2</sup>Total includes 27 births for which race/ethnicity of mother was not reported.

\*The total proportion of infants with low birthweight (<2,500 grams or 5.5 pounds) is the sum of those 1,500–2,499 grams and <1,499 grams.

## Trends in Low Birthweight

- The 3-year annual average percent of low birthweight births among African Americans exceeds the percentage of low birthweight births in all other racial/ethnic groups.
- The disparity in the proportion of low birthweight births between African Americans and other racial/ethnic groups has not declined in the past 20 years.

**Figure 25: Three-year average percent of births at low birthweight (< 2,500 grams), Wisconsin, 1980–2001**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.  
Graph prepared by the Division of Public Health.

## IV. Health Status

### *Infant Mortality*

- On average, 465 infants in Wisconsin died each year before reaching their first birthday during the period 1996–2000. The largest number of these deaths were infants born to white women (311 annual deaths), followed by deaths of 105 infants born to African American women, and 31 deaths of infants born to Hispanic women.
- For the period 1996–2000, the number of infant deaths for African Americans translates into an infant death rate of 16.3. This was almost 3 times greater than the white infant death rate (5.7) and well above the infant death rate in all other racial/ethnic groups.
- During 1996–2000, the annual infant death rate for American Indians was the second highest among racial/ethnic populations in Wisconsin with an average of 8.9 infant deaths per 1,000 live births. The American Indian infant death rate has shown notable improvement over the last two decades, although recent increases have occurred.
- Infant deaths for Hispanics represented an annual average rate of 8.5 deaths per 1,000 live births during the period 1996–2000.
- Since the early 1990s, the Asian infant death rate in Wisconsin has been slightly below the white infant death rate. Infant mortality data for the 1996–2000 indicates that the Laotian/Hmong infant death rate was somewhat higher than for the Asian population as a whole. Although Laotian/Hmong infant mortality was also above the white rate, it was lower than the rate in other racial/ethnic minority groups.

**Table 33: Number and rate of infant deaths by race/ethnicity, Wisconsin, 1996–2000**

	African American/ Black	American Indian	All Asian	Laotian/ Hmong	Hispanic/ Latino	White	Unknown	Total
Average annual number of infant deaths	105	8	10	7	31	311	1	465
Average annual infant death rate	16.3	8.9	5.1	6.7	8.5	5.7	NA	6.9

Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.

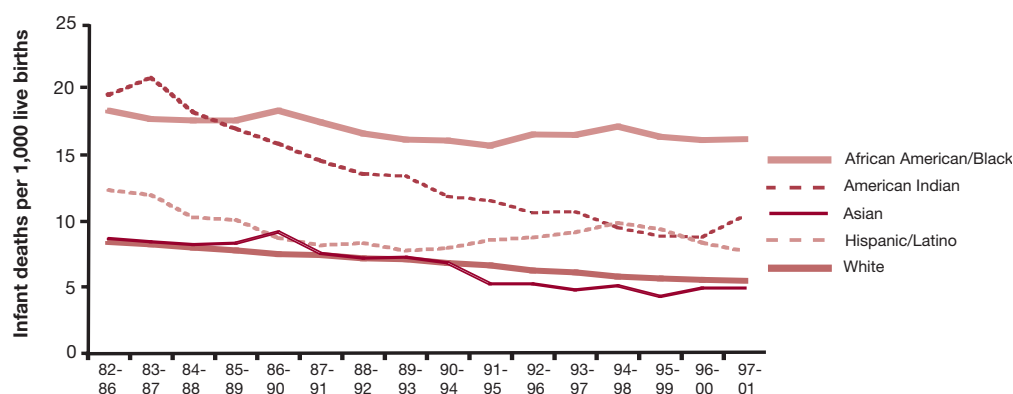
Notes: The infant death rate is the number of infant deaths per 1,000 live births in each group.

NA = Not Applicable.

## Trends in Infant Mortality

- There has been no significant, long-term change in Wisconsin's African American infant mortality rate for the past 20 years.
- American Indians had the greatest average decline in infant mortality in Wisconsin during the past 20 years.
- Most of the decline during the past 20 years in Asian infant mortality took place during the 1980s. Little change has occurred in recent years.
- In the 1980s, the Hispanic infant death rate declined gradually, followed by increases during the early 1990s. Since the mid-1990s, declines have again occurred in the Hispanic infant death rate resulting in infant death rates similar to those during the late 1980s.

**Figure 26: Five-year average infant death rates by race/ethnicity, Wisconsin, 1982–2001**



Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information. Graph prepared by the Division of Public Health.



## IV. Health Status

### Causes of Infant Deaths

- Low birthweight is the leading cause of death for African American infants. In the 1996–2000 period, 26% of African American infant deaths were attributed to this cause. Low birthweight was also the leading cause of Hispanic infant deaths, accounting for 20% of the deaths.
- Congenital malformations were the leading cause of infant deaths for American Indians, Asians, and white. The respective proportions of infant deaths from this cause were: 21%, 23%, and 25%. In comparison, congenital malformations accounted for 14% of African American infant deaths and 13% of Hispanic infant deaths.
- Although the proportion of African American infant deaths due to congenital malformations was lower than for several other groups, including the white population, the probability that an African American infant would die due to congenital malformation was still much higher than for all other groups, the result of higher overall African American infant mortality.
- For Asian and white populations, low birthweight was the second leading cause of infant death during this period. Twelve percent of Asian and 16% of white infant deaths were due to low birthweight. In contrast to other groups, low birthweight was relatively rare and not a leading cause of infant death in Wisconsin's American Indian population.
- For African Americans and American Indians, Sudden Infant Death Syndrome (SIDS) was the second leading cause of infant death. Between 1996 and 2000, SIDS accounted for 19% of African American infant deaths and 18% of American Indian infant deaths. During this same time period, the proportion of infant deaths due to SIDS was 7% for Hispanics and 10% for whites.

## Selected Maternal Characteristics

### Marital Status

- Statewide, about 30% of all births in 2000 were to unmarried women. The proportion of births to unmarried women exceeded the statewide average among African Americans (82%), American Indians (65%), and Hispanics/Latinos (46%). The lowest proportion of births to unmarried women was in the Laotian/Hmong population (14%).

### Education

- The proportion of births to women who have completed high school reflects racial/ethnic differences in educational attainment and proportion of births to teens who may not yet have reached high school graduation or whose education may be interrupted by childbearing.
- In 2000, more than half (51%) of Hispanic/Latino women who gave birth had not completed high school, the highest proportion among the racial/ethnic groups.
- The proportion of births to women with less than a high school education was also relatively high among Laotian/Hmong (44%), African Americans (40%), and American Indians (34%).

### Smoking During Pregnancy

- Laotian/Hmong and Hispanic women were less likely to report smoking cigarettes during pregnancy than were other women. In 2000, the proportion of women who indicated that they smoked during pregnancy was 3% of Laotian/Hmong women who gave birth and 7% of Hispanic women.
- Statewide, the average proportion of reported smokers during pregnancy was 17%. Higher proportions were reported by American Indians (40%) and African Americans (20%).

**Table 34: Selected maternal characteristics by race/ethnicity, Wisconsin, 2000**

	African American/Black	American Indian	Laotian/Hmong	Hispanic/Latino	White	Other <sup>1</sup>	Total <sup>2</sup>
Number of births	6,437	870	1,062	4,484	55,381	1,028	69,289
Maternal age < 20 years	25%	22%	10%	19%	7%	6%	10%
Not married	82%	65%	14%	46%	22%	11%	30%
Less than high school education	40%	34%	44%	51%	10%	9%	16%
Smoked during pregnancy	20%	40%	3%	7%	17%	3%	17%
3+ previous live births <sup>3</sup>	21%	16%	47%	13%	9%	6%	11%

Source: Wisconsin resident birth certificates, Wisconsin Department of Health and Family Services, Bureau of Health Information.

Notes: <sup>1</sup>Other includes Vietnamese, Cambodian, Thai, Chinese, Japanese, East Indian, and Other Race.

<sup>2</sup>Total includes 27 births for which race/ethnicity of mother was not reported.

<sup>3</sup>Births to women who reported 3 or more previous live births.

## IV. Health Status

**Table 35: Summary totals, infant and maternal characteristics by race/ethnicity, Wisconsin, 2000**

	African American/Black	American Indian	Laotian/Hmong	Hispanic/Latino	White	Other <sup>1</sup>	Total <sup>2</sup>
<b>Number of births</b>	6,437	870	1,062	4,484	55,381	1,028	69,289
<b>Percentage of total births</b>	9.3%	1.3%	1.5%	6.5%	79.9%	1.5%	100.0%
<b>Infant characteristics:</b>							
<b>Birthweight</b>							
1,499 grams or less <sup>3</sup>	200	7	11	55	569	10	855
1500 – 2,499 grams	658	33	53	240	2,615	68	3,671
2,500 grams or less <sup>4</sup>	858	40	64	295	3,184	78	4,526
2,500+ grams	5,578	830	998	4,189	52,192	950	64,756
4000+ grams	306	137	47	430	7,522	74	8,519
<b>Maternal characteristics:</b>							
<b>Age</b>							
< 15 years	52	1	4	15	26	1	99
15–17 years	668	72	98	302	1,062	23	2,225
18–19 years	966	122	154	564	2,899	40	4,753
20+ years	5,716	797	960	4,167	54,290	1003	66,960
<b>Marital status</b>							
Not married	5,301	565	147	2,043	12,358	115	20,543
Married	1,136	305	915	2,441	43,022	913	48,745
<b>Education<sup>5</sup></b>							
Less than high school	2,582	291	471	2,264	5,329	97	11,037
High school grad	2,296	348	379	1,326	17,095	182	21,641
Some college	1,137	158	113	530	14,602	197	16,740
College grad and above	402	70	65	346	18,298	545	19,730
<b>Trimester prenatal care began</b>							
First trimester	4,486	626	501	3,069	48,562	865	58,129
Second trimester	1,423	180	474	1,061	5,369	132	8,644
Third trimester or none	510	59	84	341	1,285	27	2,306
<b>Smoking status during pregnancy</b>							
Smoked	1,263	344	31	302	9,447	31	11,428
Did not smoke	5,172	526	1,031	4,180	45,867	991	57,787
<b>3 or more previous live births</b>	2,513	302	645	1,295	14,277	169	19,208

Source: Wisconsin resident birth files, Wisconsin Department of Health and Family Services, Bureau of Health Information.

Notes: <sup>1</sup>Other includes Vietnamese, Cambodian, Thai, Chinese, Japanese, East Indian, and Other Race or Unknown race.

<sup>2</sup>Total includes 27 births for which race/ethnicity of mother was not reported.

<sup>3</sup>1,500 grams is equivalent to 3.3 pounds. Birthweights less than 1,500 grams are considered very low birthweight.

<sup>4</sup>2,500 grams is equivalent to 5.5 pounds. Birthweights less than 2,500 grams are considered low birthweight.

<sup>5</sup>Education is highest level completed.



## Notes

1. The 2000 fertility rate for Wisconsin's Hmong and Laotian population was based on a denominator from Census 2000 of women aged 15 to 44 who reported their race as Hmong alone or Hmong and another race (6,988) and those who reported their race as Laotian alone or Laotian and some other race (1,214).
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